

# FORUM ON AGING



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## GRECC Director's Message

Welcome to the Spring edition of *GRECC Forum of Aging*. It is my pleasure to share the news and updates in the following pages as a small slice of all the magnificent work happening in the GRECCs nationwide.

GRECCs have a 3-part mission to research, educate, and innovate; this issue focuses on research projects that GRECCs are building and disseminating to serve older Veterans and their families, enterprise-wide.



I am especially proud of the enthusiastic response of VA settings of care around the country that have volunteered to become “Age-Friendly” and adopt principles of care that center around the “4Ms” – what Matters, Mentation, Medications, and Mobility.

As those of us with experience in geriatrics are well aware, these are the issues that heavily influence quality of life and well-being as we age. Age-Friendly care focuses on finding out what matters to the Veteran, so that a plan of care can be centered around the health goals most important to the person who should be at the center of all our efforts – the Veteran. As members of a health care team working together to optimize health and minimize disability, it is heartening to see the adoption of this framework in over 200 VA health care settings across the country that have made the commitment to this model of care.

It is the goal of the Office of Geriatrics and Extended Care to reach all VAMCs with this movement by 2025, so that at least one clinic or program will be engaged in providing Age-Friendly care. To learn more about Age-Friendly care, see page 3.

Congratulations to VA authors, Drs. Laurence M. Solberg, Andrea Schwartz, Theodore M. Johnson, and Camilie P. Vaughan, on the article [Updating the landmark literature for the practice of geriatrics: Notable articles from 2012–2019](#) just published online ahead of print.

Please enjoy this issue of *Forum on Aging* and feel free to share with others.

Marianne Shaughnessy, PhD, CRNP  
Director GRECC Programs

## **Feature Article: A resource for Rural Veterans and Clinicians: Season 2 of “Talking Later: Veterans Stories of Late Life PTSD” podcast**

New England GRECC is pleased to announce the release of the second season of the educational podcast [Talking Later: Veterans Stories of Life-Life PTSD Podcast](#), funded by the VA Office of Rural Health.

**“About eight or nine years ago I noticed that something was wrong. I’d start to get crying a lot and I didn’t know why. Every year when it came close to the anniversary of getting hit I’d get really angry and irritable. I started seeing someone from the VA and they diagnosed me with PTSD.”**

While most Veterans will experience a traumatic event in their lifetime, only 1 in 10 older Veterans experience posttraumatic stress disorder (PTSD) later in life. PTSD is a mental health condition that can occur after experiencing or witnessing a traumatic event. Rural Veterans tend to have more severe PTSD symptoms than urban Veterans.

By and large, Veterans are resilient and benefit from treatment throughout their life course. However, some Veterans think about their military experiences as they age, and confront common experiences related to aging, such as illness, hospitalizations, declining health, retirement, or bereavement. This process is called *Later-Adulthood Trauma Reengagement* (LATR, pronounced *later*).

Veterans with PTSD benefit from treatment. However, rural Veterans face shortages of mental health providers, with lower access to PTSD specialty clinics. Veterans who reside in rural communities are more likely to be older, sicker, and to have lower quality of life than urban Veterans.

Because of these factors, we need innovative approaches to reach older rural Veterans to let them know about PTSD so they can feel less alone and receive the help that is available to them. We also need innovative strategies to educate clinicians who may be spending long periods in their car to reach rural Veterans.

To address these concerns, we created the *Talking Later* podcast. We hope it will help rural Veterans to understand LATR and PTSD, to feel less alone, and to get help if needed.

Later this year we will be piloting distribution of the podcast on “play away” MP3 devices that allow rural Veterans without cell or internet access the ability to listen to the series on a book-on-tape type device delivered to their home. For clinicians interested in the podcast, we hope they might download the episode while in a place with cell and internet access, then listen and learn while driving.

This podcast features a real Veteran’s life story (used with their permission) from the “My Life, My Story” program. After listening to the Veteran’s story, two clinicians discuss what the story teaches us about trauma, PTSD, and resilience. In Season 2, we continue to feature Veteran stories focusing even more on the rural experience, as well as stories of Veterans from diverse cultural and racial backgrounds.

You can find *Talking Later* on your favorite podcast app on your smartphone by searching *Talking Later*, or on your computer, VA iPad, tablet, phone, or at this [link](#).

This podcast was produced by the VA Institute for Learning, Education, and Development (ILEAD) formerly the Employee Education System with subject matter input from the New England GRECC and the Behavioral Science Division of the [National Center for PTSD](#).

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## VA Age-Friendly Updates

- In late 2022, a commentary was published In Health Services Research: [Age-Friendly Health Systems: Improving care for older adults in the Veterans Health Administration](#).
- New resources, a [4Ms tri-fold brochure](#) and an [8.5” x 11” Age-Friendly poster](#), were recently released.

*Age-Friendly care designed around what matters most to you.*

Learn more at: [www.va.gov/geriatrics](http://www.va.gov/geriatrics)

**Care for older Veterans starts with the 4Ms.**

**What Matters**  
Your health care needs may change as you get older. That is why we recommend regularly discussing your concerns with your team.

At each clinic visit, bring a list of questions you may have about your health, information about recent hospital or emergency care, your current medication bottles (including all non-VA and over the counter medications).

Join your team in making decisions and a plan of care just for you.

Provide your health care team with a copy of your advance directive, life sustaining treatment plan, or power of attorney forms if you have them.

**Maintaining Good Health is a Team Effort**

*Age-Friendly Care for Older Veterans*  
Improve your health by talking with your health care team about the 4Ms: What Matters most to you, Medication, Mind, and Mobility.

VA U.S. Department of Veterans Affairs  
Approved by VA Office of Geriatrics and Extended Care

**The 4Ms of an Age-Friendly Health System**  
*Improving care for older Veterans*

When health care providers and Veterans pay attention to the 4Ms of Age-Friendly care - **What Matters, Medication, Mind, and Mobility** - we can focus on each Veteran's unique health care needs.

**You are the expert.** Talk to your VA care team about your health concerns, goals, medications, mood and memory, and learn how to stay physically active or improve your mobility. Ask about an advance directive or life-sustaining treatment plan to document your care preferences.

Talk to your VA care team today or visit [www.va.gov/geriatrics](http://www.va.gov/geriatrics) to learn more about Age-Friendly care.

**What Matters**  
You are a partner in your care plan. Tell your care team what matters most to you so you can reach your health goals.

**Medication**  
Bring all your current medications (even over-the-counter) for your care team to review. Report any bothersome side effects.

**Mentation (Mind)**  
Screening for depression, delirium, and being alert to the warning signs of dementia is important. Discuss concerns about your memory and mood with your team.

**Mobility**  
Moving safely every day helps to maintain function and do more of what matters most.

*Age-Friendly care designed around what matters most to you.*

VA U.S. Department of Veterans Affairs

## Promoting Age-Friendly Practices in VISN 9

The Department of Veterans Affairs has joined the [Institute for Healthcare Improvement's \(IHI\) Age-Friendly Health Systems \(AFHS\)](#) movement as part of its Whole Health initiative to provide every older Veteran safe, high-quality care aligned with what matters most. Becoming an Age-Friendly Health System means that hospitals and health care systems reliably use a set of evidence-based practices known as the “4Ms”— what Matters, Medication, Mentation, and Mobility – to provide care for older, disabled and medically complex Veterans across all care settings.

The Tennessee Valley Healthcare System (TVHS) GRECC collaborated with VISN leadership in a strategic plan to achieve IHI 4M certification at all facilities in VISN 9, starting with TVHS GeriPACT in 2020.

GRECC faculty provided education and consultation to all VISN 9 stations to spread knowledge about IHI 4Ms care through numerous demonstrations and lectures, based on the GeriPACT experience. Mentorship included sharing of templates, participation on local, regional, and national calls, as well as the VISN Rehabilitation and Extended Care Integrated Community of Care (REC-ICC) to promote and share best practices and encourage colleagues to incorporate Age-Friendly practices locally.

To educate all Geriatrics and Extended Care (GEC), as well as other staff in Age-Friendly practice, GEC faculty organized a VISN-wide interdisciplinary team that met over a 4-month period to create overall goals and objectives, and review training materials.

NOTE: Print resources – internal VA access

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## GRECC FORUM on AGING – Spring 2023

The team compiled a catalogue of resources organized by each of the IHI Age-Friendly categories: Medication, Mentation, Mobility, and What Matters Most. Staff were encouraged to select appropriate modules to create a CME accredited individualized Age-Friendly curriculum delivered asynchronously and consistent with personal schedules.

The Department of Veterans Affairs recently developed a uniform template located in the CPRS shared template catalog to document 4M care and which can be incorporated into the clinician's note title (see template below).



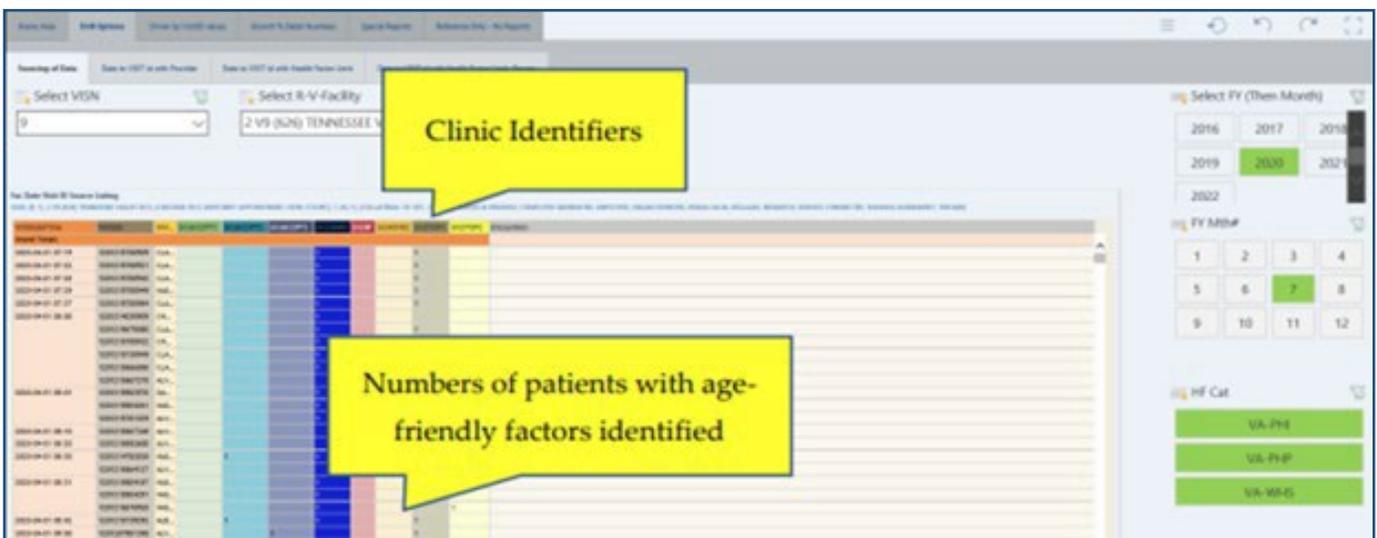
Released in the first quarter of FY23, selection of the appropriate radio buttons in the template populate the encounter and confer 4M credit automatically. To date, all six outpatient GeriPACT Clinics and the two Community Living Centers in VISN 9 are IHI certified as Level 1 Age-Friendly practice sites with dissemination to Home Based Primary Care currently in progress.

TVHS also worked with Richmond VA and the VA Office of Patient Centered Care & Cultural Transformation to develop and refine a template and dashboard, based on encounter information, to measure 4M care, and provide a tool for stations to progress to Level II certification. The Whole Health Age-Friendly dashboard ([WH4ALL](#)) was also released in the first quarter of FY23. Shown below, it provides VISN and facility information (does not give clinic or patient level data); [supplemental reports on the dashboard](#) permit drill-down to clinic level, but do not give patient level data. The [PACT Profile Dashboard](#) permits identification of # of visits per provider to track total number of visits.

Use of the Whole Health dashboard combined with the PACT Profile can provide data for sharing at teamlet meetings to track progress to Level 2 through continuous rapid cycle quality improvement activities as well as encourage widespread adoption of 4M care and encouragement to utilize the 4M note template in daily clinical care of older Veterans.

**NOTE:** Some links can only be accessed for internal VA users.

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## Reflections on the First Two Years of the Bronx VA GRECC Veteran and Caregiver Research Council

Providing opportunities to engage nearly 9 million Veterans served by the VA and their supporters about their perspectives and needs from the VA is central to our Veteran-centered mission. Offering opportunities to learn about and offer feedback on VA research is one key area of engagement.

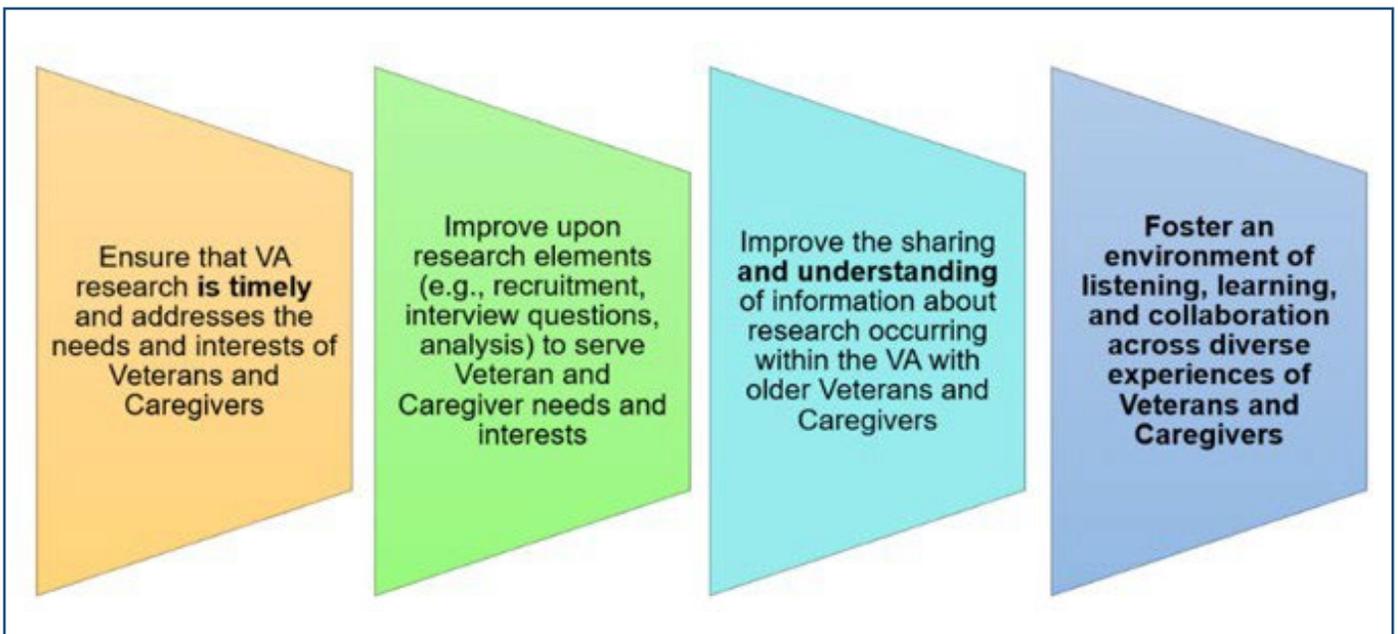
Veterans and caregivers should contribute at all stages of the research process from study design, through implementation, and interpretation and dissemination of results. Incorporating Veteran and caregiver perspectives is a vital tool to develop relevant health research questions around what matters most to Veterans and supporters, how to ask questions in ways that are appropriate, strengthen how we understand our findings, and potentially speed up the application of study findings.

Veterans also comprise a unique and diverse population; their specific input into health-related research can lead to studies that are meaningful to their concerns and those of their families, and how the VA should deliver care to them.

Having identified the need for (and benefits of) Veteran and caregiver engagement, in 2020 the GRECC at the Bronx VA established the Veteran and Caregiver Research Council.

The goals of the Council are 1) to build a sustainable process for Veterans and their supporters, 2) to inform research spearheaded by the GRECC and affiliated investigators, 3) to use research to improve the quality of geriatric and related services developed in collaboration with Veterans and their families, and 4) to serve as a demonstration project to spread Veteran-informed research within the local VA and across VISN 2. See the Council’s mission statement below.

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The Council is comprised of 7 Veterans who receive care at the VA and 2 caregivers of Veterans. Members are women and men between 69- and 91-years-old and are of different racial and ethnic backgrounds. There is diversity among the members when it comes to their military branch affiliation and their service as well.

The Council meets quarterly, mostly through videoconferencing, to hear about and contribute to topics such as Alzheimer's Disease, caregiving and home-based caregiving support, effects of COVID-19 on care, medication deprescribing for older adults, lung cancer screening, establishing Geriatric Emergency Departments, and caregiver roles to support individuals with liver cancer.

Council members have been highly active. Over the last three years, they have collaborated to revise the initial Mission Statement, encouraged raising awareness about research across the entire VA community, and helped researchers sharpen their study designs, instruments, and information dissemination through written and verbal feedback. At the end of year 2, members expressed that their involvement with the Council broadened their knowledge and interests. They indicated that they are now curious about various health care topics.

Presenters have also expressed enthusiasm for the process. The majority reported that they are highly likely to recommend presenting to the Council to their colleagues. Other areas of benefit include identifying more expanded study areas, improving interview questions, and improving research dissemination strategies.

One investigator, who presented a suicide intervention project, stated:

*We actually did directly use the feedback that was provided in the development of our promotional video for the website that was developed over the last month. We also use the statistics [as recommended] to help people feel less alone.*

With this reflection and feedback from both members and presenters, the Council is eager to continue to sustain and enhance this productive partnership.

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## **Gerofit Student Volunteers: Intergenerational Approach to Fitness and Improved Attitudes about Aging**

The Institute of Medicine 2008 Report on "Retooling for an Aging America: Building the Health Care Workforce" clearly states that the aging population is expected to double between 2005 and 2030 and this is not a wave of aging individuals but a permanent societal shift and in 2034 for the first time in U.S. history, older adults will outnumber children.

There is a need to expand the workforce involved in programs targeting older adults including health care, and there is a widening gap between the projected number of Geriatricians and the actual number of Geriatricians being trained.

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## GRECC FORUM on AGING – Spring 2023

Ageism in our media and literature has been prevalent since the late 1800s and has impact on health and wellness, including an increased risk of falls, poor recovery from hospitalization, and increased mortality.

The literature shows that when younger adults are exposed to positive aspects of aging it results in them being more likely to choose a career that benefits older adults. John Gage, co-founder of Sun Microsystems, spoke at an Aging and Technology Conference at Berkeley; he said that this is an economic boom that younger adults should really grasp.

To assist with this, the Greater Los Angeles GRECC worked with UCLA undergraduate students to create a formal student volunteer program called [Gerofit@UCLA](#), which was founded in November 2017.

The program's vision is to provide UCLA undergraduate students with an opportunity for direct exposure to holistic health care as well as to provide older Veterans with an intergenerational social support system.



These students participate in an intergenerational approach in supporting older Veterans and their spouses or partners to

participate in the structured group exercise [Gerofit Program](#). They assist in setting up and cleaning the gym, provide encouragement, monitor form with exercises, and deliver dumbbells and water. In turn, the participants talk with students about their career goals and challenges and provide encouragement and wisdom.

The students also made phone calls to participants who stopped coming to Gerofit during the pandemic and provided updates to program staff.

To monitor the impact on aging attitudes, we administered the *Expectations Regarding Aging (ERA)-12* survey developed by Dr. Catherine Sarkisian at the Greater Los Angeles GRECC. It contains three 4-item subscales (Physical Health, Mental Health, and Cognitive Function) and one Global score, scored 0-100 with 100 representing the highest expectation associated with aging. This survey has been used to monitor students being educated about aging and provides extended contact with older adults (Lytle A 2019, Whatley C 2020).

The baseline ERA-12 scores of 13 Gerofit Volunteers were essentially equivalent to the students in the Whatley study. After participating in Gerofit for most of the school year, there was an increase in ERA-12 scores, especially in the Cognitive Function score.

Our experience is that these students do, in fact, engage in career pursuits that benefit the older adult population. We believe this is a model program that could be replicated across VA.

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## Making it Easier for Older Veterans to Jump on Board with VA Telehealth



VA Geriatric Scholar Jessica Alva was a neuropsychologist at the Central Virginia VA Health Care System (CVHCS) when her clinic quickly shifted to telehealth during the pandemic. With

this change she noticed a large discrepancy among older Veterans' use of [VA Video Connect](#) (VVC) compared to other age groups. "Seventy-five percent of our older Veterans were unable to complete a telehealth visit due to a lack of equipment or low technology literacy," said Dr. Alva.

Motivated by her recent training with the [VA Geriatric Scholars Program](#), a national workforce development program funded by the VA Office of Rural Health and VA Office of Geriatrics and Extended Care, she launched a quality improvement project to help older Veterans reap the benefits of VA Video Connect. She collaborated with providers from the CVHCS Geriatric Evaluation Clinic, a specialty team that is dedicated to comprehensive assessments of older Veterans with multiple medical and functional problems with the goal of optimizing health and daily function.

## Proactively helping Veterans prepare for their telehealth visit

They identified that a major roadblock hindering the success of telehealth visits with VVC was that problems with technology or connectivity were not known until the actual telehealth appointment time, potentially leading to delays in needed health care. Looking back, the team decided they could solve most issues proactively by gathering key information while engaging with the patient at two different time points:

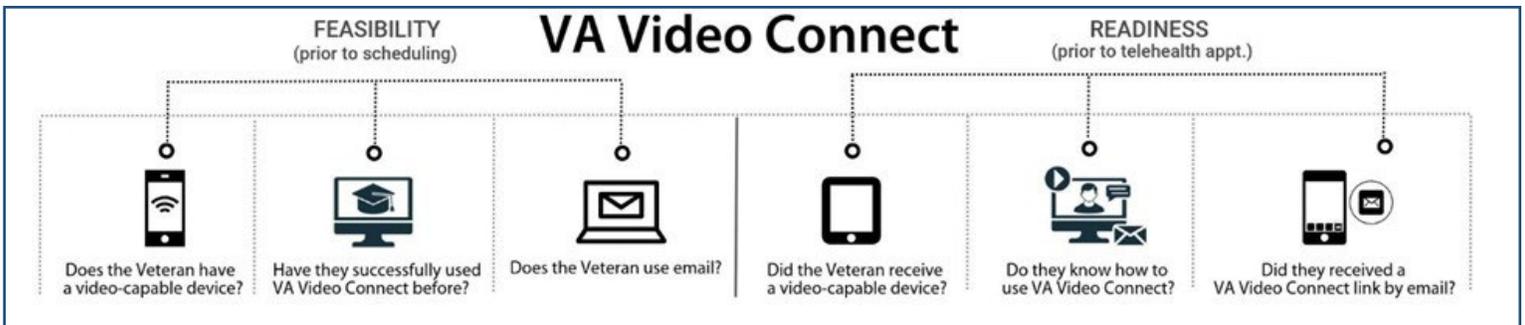
- First, to assess if it was feasible for the older Veteran to engage in a telehealth visit
- Second, to see if the Veteran was ready for that visit

The information gathered determined specific needs the team could address. For instance, if the Veteran didn't have a video-capable device, they arranged for the delivery of an iPad. If the Veteran had a device but was new to VA Video Connect, the team coordinated a test call to practice.

## 100% success for telehealth visits

"It wasn't a matter of figuring out how to address the barriers, it was a matter of identifying the main barriers in the first place," said Dr. Alva.

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“Asking these focused questions allowed the team to quickly identify any potential problems and have enough time address them prior to the appointment.” In just over 2 months, Veterans’ use of telehealth jumped to 47% from 29%. And 100% of scheduled telehealth appointments were completed successfully compared to 56% at the start of the project. “Working as a team was critical in being able to make these positive changes,” said Dr. Alva. “That combined effort makes change possible.”

### VA telehealth model of care benefits patients and providers

Dr. Alva’s neuropsychology and telehealth expertise unlocked new opportunities at VA. She recently joined the Veterans’ Cognitive Assessment and Management Program, or V-CAMP, at the VA Greater Los Angeles Health Care System. The V-CAMP team employs telehealth to increase access to cognitive evaluation, medication consultation, and care management for older Veterans in rural communities where access to dementia specialists is limited. “V-CAMP serves Veterans who live hundreds of miles away, Veterans who might not be able to travel to the main VA Medical Center for a face-to-face appointment,” said Dr. Alva.

She will remain in Virginia, now as a full-time remote neuropsychologist serving rural Veterans enrolled with the VA Greater Los Angeles Healthcare System—evidence of the flexibility the VA telehealth model of care offers to patients and providers.

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## The Dementia Caregiver Toolbox: A Quality Improvement Project Assessing a New Virtual Dementia Caregiving Course

### Overview

Dementia caregivers struggle with more burden, depression, and anxiety than non-dementia caregivers. They also tend to be less confident in their ability to effectively manage responsibilities related to dementia care and succeed in their caregiver role.

Formal supportive services for dementia caregivers are an effective way to manage caregiver-related burden. However, accessibility to in-person supportive services can be challenging for dementia caregivers because of typical barriers to in-person care, including distance, competing demands on time, difficulty finding alternative care for the caregiver recipient, and the caregiver’s own health or mobility challenges.

We recognized the need for dementia caregivers to be able to access caregiver-specific resources, training, and education while reducing barriers to accessing in-person services. In a Bedford VA Neuropsychology Service/New England GRECC collaboration, we designed a 10-week Dementia Caregiver Toolbox course, which offers psychoeducation, skills training, and a chance to connect with and learn from other dementia caregivers through an immersive structured program.

The virtual platform was intended to improve access for dementia caregivers facing barriers to in-person services. The goals of this course

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were to increase caregiver role preparedness and self-efficacy by providing broad information about dementia and dementia caregiving, and an introduction to dementia caregiver skills to manage disease symptoms.

### Course Content

The Dementia Caregiver Toolbox program is an educational course in which a breadth of dementia caregiving topics are covered (see table below). While the course is primarily didactic and structured in nature, we also wanted caregivers to be able to interact with, and learn from, each other’s experiences. Therefore, each session included time for focused discussion.

Session	Topic
1	Introduction
2	What is Dementia?
3	Building Your Care Team
4	Building Your Toolbox
5	Managing Behavioral Problems (1)
6	Managing Behavioral Problems (2)
7	Maintaining Your Relationship
8	Caring for Yourself
9	Planning for the Future
10	Wrap Up and Feedback

We created a comprehensive manual divided into 10 chapters that reflected the content reviewed during each of the sessions in the 10-week program. Each chapter included an agenda, a review of the prior week’s main points, relevant material pertaining to that

session’s topic, specific discussion questions, and topics for caregiver group members, a homework assignment, and a short list of additional relevant resources specific to that week’s topic. Caregivers were encouraged to keep these manuals and refer to them as needed, even after they had completed the course.

### Enrollment and Follow-Up Procedures

1. **Referral:** Informational emails soliciting referrals are sent to relevant departments (e.g., Mental Health, Primary Care, Geriatrics). Providers make referrals and we contact caregivers for screening.
2. **Materials:** Eligible caregivers are mailed a course manual and a user guide for the virtual platform (VA Video Connect).
3. **Pre-Course Interview:** Prior to the first class, enrolled caregivers complete questionnaires to assess their role preparedness and perceived self-efficacy. Demographic information is also collected.
4. **Course Completion:** Caregivers attend a 10-week virtual course led by Dr. Zoe Bell, PsyD (senior neuropsychology postdoctoral resident) designed to better prepare them for their dementia caregiving role.
5. **Post-Course Interview:** After the final class, caregivers complete the questionnaires again, and provide their feedback on the course material, virtual platform, and overall experience.

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## Preliminary Outcomes

- **Attendance:** Total session attendance has been high. Eleven caregivers completed the full course during the first phase (i.e., first 2 pilot groups) and attended an average of 8/10 sessions. Eleven caregivers enrolled in the current phase have attended 100% (4/4) of sessions thus far.
- **Pre- and Post-Data:** Following course completion, caregivers in the first phase reported an overall increase in role preparedness (Pre-course score=175; Post-course score=198) and self-efficacy (Pre-course score=417; Post-course score=482). We were interested in examining effect sizes at this feasibility level of analysis for our small sample. We found medium effects of the intervention on role preparedness (Cohen's  $d=0.46$ ) and self-efficacy (Cohen's  $d=0.58$ ).
- **Caregiver Feedback:** Qualitative analysis of caregiver feedback revealed high satisfaction with the course overall, with particular emphasis on usefulness of the manual, convenience of the virtual platform, and the opportunity to learn from other caregivers.

## Feasibility

The Dementia Caregiver Toolbox virtual course, aimed at improving role preparedness and self-efficacy, appears to be an accessible and effective program. Our preliminary results are encouraging and underscore the benefits of virtual interventions for dementia caregivers.

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## VA Geriatric Scholars Program – Virtual Capacity Practicum for Psychology Alumni

Making decisions about important aspects of our lives is a fundamental experience. However, for many older adults a range of medical, cognitive, and/or psychiatric conditions can challenge or impair their ability to make decisions or perform essential tasks. In the clinical setting, this is often referred to as *capacities*.

Evaluating an older adult's capacity is a common request in health care settings, yet clinicians report little to no formal training in how to conceptualize and approach these complex questions.

Psychologists working with older adults are asked to evaluate various capacities, such as making a specific medical decision, managing their finances, or making decisions about living and care arrangements.

To address this vital training need, the VA Geriatric Scholars Psychology Track developed a virtual capacity practicum for Psychology Advanced Scholars to build upon the skills learned during the introduction to capacity assessment in the Geropsychology Competencies Course.

The practicum utilized an evidence-informed and structured approach promoting the balance of an older adult's autonomy and professional ethics.

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Scholars attended four capacity didactics led by Dr. Kyle Page with guest co-speakers (Drs. Rachel Rodriguez, Patricia Bamonti, and Nabeel T. Yehyawi). Topics covered included:

1. Advanced Introduction to Evaluating Capacities
2. Medical Consent and Decision-Making Capacities
3. Financial Decision-Making and Management Capacities
4. Independent Living Capacities.

Scholars then participated in five group consultations on capacity evaluations that Scholars were conducting at their home sites. During these group consultations, case examples (see the Example Clinical Case – right) VA policies, and legal aspects were shared to reinforce the didactic material.

Participating Scholars reported learning valuable information and that they felt much more confident post-practicum writing a quality, comprehensive capacity evaluation. Scholars reported utilizing learned information to guide their interdisciplinary teams in addressing issues of capacity. Overall, Scholars were pleased with the practicum and requested additional consultation hours.

The Geriatric Scholars Psychology Track has continued offering this advanced practicum to support Psychology Advanced Scholars working with older adults across clinical settings with a new group of scholars enrolled in 2023.

Learning advanced capacity evaluation skills will better position psychologists to not only navigate complex ethical, legal, and clinical situations, but to also serve as expert consultants to interdisciplinary teams.

*Example Clinical Case:* An 84-year-old female Veteran is at her primary care appointment but seems to have trouble attending to the conversation about managing her diabetes. The physician worries about the subtle cognitive decline over the years and now wonders if she is even understanding what is being discussed. Important ethical and legal questions arise:

- Has her cognitive impairment progressed so much that she does not understand enough to make a decision about treatment?
- What kind of help may she need to make an informed decision?
- What clinical and legal resources exist?

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## Keeping Current

### Patient Priorities Care VA Website and TMS Modules Now Live

The VA Patient Priorities Care (PPC) website and CE-accredited TMS training modules are now live. [Access resources for implementing Patient Priorities Care at your VA facility, including links to the TMS Modules.](#)

Patient Priorities Care re-frames the conversation around managing chronic conditions to center the Veteran's identified health priorities, which increases care efficiency and improves Veteran outcomes and satisfaction. PPC is the preferred, evidence-based method for asking and acting on What Matters in VA. PPC implementation can be counted toward Whole Health and Age-Friendly activities and practices, helping a clinic and facility capture effort toward these initiatives.

Any VA provider interested in learning about PPC can complete the TMS training modules.



Providers should complete *both* modules to have fully completed this level of training.

- TMS Module 131006325 - Identifying Priorities (1 hour, CE credit available): How to identify the Veteran's health priorities using the Patient Health Priorities Template
- TMS Module 131006354 - Aligning Care (1 hour, CE credit available): How to align the Veteran's health care using their identified priorities
- [Click here](#) to be added to the Teams site

## Clin-STAR

The [Clinician-Scientists Transdisciplinary Aging Research \(Clin-STAR\) Coordinating Center](#) was funded by NIA in 2019 to provide research resources and training opportunities for clinician scientists focused on aging research. Clin-STAR expands on the GEMSSTAR program, which provides support for early career physician-scientists trained in medical or surgical specialties and early career dentist-scientists to launch careers as future leaders in aging- or geriatric-focused research. Clin-STAR advances the efforts of this program by expanding to reach a broader community of transdisciplinary clinician-investigators.

The specific goals of this initiative are to convey scientific and research knowledge on aging research; foster networking and collaboration between clinician-scientist leaders in aging research and clinician-investigators across specialties who wish to focus on aging research; provide mentoring and career development support for emerging clinician-scientists committed to pursuing aging research in their clinical specialty or discipline; and advance transdisciplinary research projects in aging. Ultimately, Clin-STAR provides a multi-faceted national research platform leading to improved patient-centered care for older adults across specialties and disciplines. The Clin-STAR Coordinating Center is operated by the American Federation for Aging Research.

[Clin-STAR](#) initiatives are open to all disciplines, specialty and subspecialty fields, and for all career levels and include the [Clin-STAR Database](#), awards and funding, peer support, webinars, and more. Subscribe to the [mailing list](#) for updates.

## Staff News

### Awards

#### VA Puget Sound GRECC's

#### Dr. Debby Tsuang

Debby Tsuang, who served as the VA Puget Sound GRECC Director from September 2011 to September 2022 was honored by the University of Iowa Roy J. and Lucille A. Carver College of Medicine with a Distinguished Alumni Award for Achievement, which honors alumni for significant professional accomplishments in science, medicine, and/or education.



Dr. Tsuang has made critical contributions to the understanding of dementia and related disorders through her research on their genetic, clinical, and neuropathological underpinnings. Her cutting-edge studies of dementia with Lewy bodies (DLB) have informed its clinical classification and treatment by highlighting the role that behavioral disorders play in DLB.

She is committed to compassionate clinical care for socioeconomically vulnerable populations. Her passion for helping aging veterans has influenced much of her research, and she has expanded telehealth options to increase rural Veterans' access to care. She has also achieved the distinction of being both the first woman and the first non-white person to serve as director of the VA Puget Sound GRECC. Her research efforts now focus on developing machine learning methods using VA's vast electronic health records to identify undiagnosed dementia and utilizing mobile health devices for early detection of prodromal dementia with Lewy bodies.

### Gainesville GRECC Team

The Gainesville GRECC team, led by Laurence M. Solberg, MD and Carmen Fernandez, PsyD, collaborated over the last 2.5 years with the ILEAD Game-based Learning (GBL) section of VHA SimLEARN, VA's National Simulation Center, developing the Virtual Reality Simulated Delirium Environment (VRSDE). This GRECC-sponsored project culminated in the development of the Virtual Reality (VR) educational game, which enables a learner to experience delirium from the perspectives of a Veteran patient and a health care provider. The goal is to increase empathy and understanding toward older Veterans experiencing delirium.

Congratulations are due to the Gainesville GRECC and ILEAD Game-based Learning Team for winning two National Training & Simulation Association (NTSA) awards for this immersive learning product at the 2022 Interservice/Industry Training, Simulation & Education Conference (I/ITSEC) Serious Games Showcase and Challenge held recently in Orlando, Florida. VR Delirium received the Innovation Award and the People's Choice Award. I/ITSEC is the world's largest modeling, simulation and training event.



ILEAD GBL team members in attendance: Back, left to right: Juan Villegas, Julie Sydow, Al Maldonado, and Dr. Carmen Fernandez (GRECC Program Office client), Front, left to right: Lissa Klueter, Elna Davis, Alice Brown, and Craig Porter.

**Awards (continued)**

VA Puget Sound GRECC's Dr. William A. Banks is a *Highly Cited Researcher*



Kudos to Dr. Banks, who was featured in news from VA Puget Sound GRECC's academic affiliate, University of Washington.

[UW celebrates researchers on Highly Cited Researchers 2022 List | UW News](#)

“Highly Cited Researchers have demonstrated significant and broad influence reflected in their publication of multiple highly cited papers over the last decade. These highly cited papers rank in the top 1% by citations for a field or fields and publication year in the Web of Science™.”

**New Hires**

New AO at New England GRECC



New England GRECC, Boston Division, is pleased to welcome new administrative officer, Carrie Gomez, who comes with extensive experience in research regulations and procedures. We are

delighted to have her on board.

**SUBMIT TO FORUM ON AGING**

We welcome submissions from GRECCs for this newsmagazine, including:

- Updates and results about research, education and evaluation efforts and clinical innovations
- Notices of awards, grants, training opportunities
- Staff news
- Photos or images to accompany your submission

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